KENTUCKY CLASS I AMBULANCE RUN REPORT FORM INSTRUCTIONS

The new Kentucky EMS report form information has changed. The gray areas are optional and all other areas are mandatory. Page one is for BLS transports and BLS medical emergency runs. **You do not have to fill out page two unless it is an ALS run or a traumatic injury.** Note: Items marked with an asterisk (*) are optional items.

PAGE ONE OF REPORT FORM

Dispatch

1. **Agency Name**

   This is the name of the Ambulance service as shown on your license.

2. **License #**

   Ambulance services licensed under 202 KAR 7:501
   Enter the four digit License number assigned to your service.

3. **Incident #**

   The unique number assigned to the particular incident, this is not the same as the Run number assigned to the patient.

4. **Response #**

   Be sure that the response number is entered on every form.

   This is the five digit sequential numbering system, which starts over every January 1st at 0001 hours. The first response, of each new year, should be written as 00001 and numbered sequentially (e.g., 00001, 00002, 00003, etc.) for each run made throughout the year by each individual service. Do not start the numbering system over at the beginning of each month, nor add additional numbers to the beginning of this sequence (e.g., 90-00001).

   Round trips/Continuation Responses

   A response is considered from point of origin to destination. Once a patient reaches that destination and is put in the care of someone else, that response is complete. If the service chooses or is requested to wait until treatment and/or stabilization is complete to transport the patient to another destination, e.g., back to residence, or to a trauma center, etc., that would be considered another response. A separate form should be used and a different response number should be assigned. DO NOT ASSIGN BOTH FORMS THE SAME RESPONSE NUMBER.

Multiple Patient Incidents

At the end of the Response # there is a space for a trailer for responses involving multiple patients. When you have a response with multiple patients, the response # should be the same for each patient with an added identifier. Use a sequential letter (e.g., A, B, C, D, etc.) in this for each patient.

If there are more patient s that one unit can transport, and a second ambulance is dispatched, a separate response number should be assigned to that unit. If the second unit is also to transport multiple patients the trailer letter should begin with "A" for the first patient on the second unit.

5. **Unit #**

   This space is provided for your use. In many instances, individual unit number have been established by ambulance services (e.g., Unit 1, Med 1, EC 1, etc.) for local identification purposes.

6. **Date**

   This is the month, day, and year the run was made. It should be written numerically with a four-digit year (i.e., July 1, 1998 = 07/01/1998).

7. **Responding From** *

   The location the unit actually responds from, such as a station number, hospital name, or street location.

INCIDENT INFORMATION

8. **County, Address, City, State, Zip**

   Information which identifies the location where the incident occurred. For County, use the county name, not a code number. If the scene is on a roadway or highway, use the nearest street address or a mileage figure(i.e. I-75 at 88.6-mile marker, northbound) and the name of the roadway to describe the incident scene. **DO NOT simply use a road or street name without a street number or mileage figure!**

9. **Reason for Dispatch** *

   This refers to the type of run you are sent on (i.e. MVC, Man Down, Possible Heart Attack, etc.)

10. **Location Patient Found**

   This refers to where the patient was found. (i.e. in driver's seat or car, in street, bedroom, front lawn of residence, etc.)

11. **Mode of response to scene**

   What types of emergency warning devices were used during the response to the scene (e.g., lights, siren, or none used).

12. **Response circumstances**

   What delayed your response, leaving of the scene or transport. Check all boxes that apply. In most cases, you will not need to enter anything in this area because on most runs you should not encounter any problems.

13. **Times**

   Use **only** Military Time (e.g., 3 PM should be written as 1500). Please fill in the times as completely and as accurately as possible. Place one digit in each of the small boxes. Example:

Call Received	1	2	2	9
Dispatch/Notif.	1	2	3	0
En Route	1	2	3	2

14. **Aid before arrival**

   Check the appropriate box(es) to indicate anyone who assisted the patient before your arrival. More than one check box may be used.

15. Other Responders

   Use check boxes to indicated any other types of agencies responding to the scene. For combined fire/EMS or Rescue/EMS agencies, check the boxes for the role(s) actually performed by the agency on scene.

16. **Patient History**

   Patient's Physician * Use this space to write the name of the patients Physician.

   Chief complaint   This space is provided for listing the reason the ambulance was called (i.e., fall, doctor's appointment, chest pain, etc.).

   Onset Date/Time *   Use the space to record the date and time the problem (or symptoms) first occurred.

Work Related Use check box to indicate whether or not he chief complaint, if an injury, is job-relates.

Allergies List any known patient allergies.

Medications List any medications the patient is taking. If additional space is required to list medications, you should use the Case Narrative to do so.

17. **Crew Members**

Name and certification number should list the driver and attendant(s) on each response here as follows:
  A. EMT's – enter certificate number (DO NOT PUT "A", "B", ETC. AFTER CERTIFICATE NUMBER) Example: EMT-B 12345 would be listed as 12345;
  B. Paramedics – enter certificate number followed by the letter "P";
  C. First Responders – enter "F" and the last six digits of your certification number;
  D. Physician – enter "MD" in the space provided, followed by your license number;
  E. Registered Nurse – enter "RN" in the space provided, followed by your license number;
  F. Other – indicate highest level of training if none of the above, (i.e. Driver only, CPR, first aid, EMT trainee, etc). Include in the Narrative a description of duties performed.

  DRIVER or ATTENDANT must be circled for each person listed in this section.

  If more than three crewmembers are involved, check the "Additional crew listed in the Narrative" box and list the remaining crewmembers by name and certification number in the text of the Narrative Box on Page 2.

18. **Type of Response**

Check the appropriate box for the type of response. Check only one box.

19. **DNR Present**

If an EMS DNR (Do Not Resuscitate) order is present, check the appropriate box.

20. **Type of scene/pick-up location**

This is the type of scene or location where you pick the patient up. Check only one box. For colleges and universities, including classroom facilities and dormitories, use Educational Inst. Public Building should be used for places such

as a courthouse, store, restaurant or mall. If you check Hospital, enter the hospital's six-digit license/ID code in the space provided. (Note: Do not use Acute Care for hospital pick-ups; it should be used only for pickups from outpatient acute care facilities.

21. **Patient Demographic Information**

Fill in patient name, address, city, state, zip code, telephone number, date of birth, and age. Also list patient's race and ethnicity. (P.I. indicates Pacific Islander.)

22. **Restraints used**

Indicate if patient was physically restrained by means other than Immobilization, or the straps on the stretcher (i.e. handcuffs by law enforcement or soft restraints to keep patient from harming themselves or others) and why. Regular immobilization for stabilization does not count as restraint for this block.

23. **Patient Insurance Code**

See back of page one and list the appropriate code for the primary type of insurance the patient has (i.e. L – automotive, K – commercial, A – Medicare, etc.).

24. **Medical History**

This refers to the past medical history of the patient; check all boxes that apply. If Other is checked, specify condition on   the line below the Other check box.

25. **Cardiac Arrest**

If the patient has experienced a full arrest, indicate who (if anyone) witnessed the initial arrest and/or provided initial CPR. Also, if known, supply the times that the arrest occurred and when CPR was initiated, as well as when the first defibrillation occurred, when the second and third defibrillation attempts were made (if needed), and when the patient was resuscitated or when resuscitation efforts were terminated. Place one digit of times in each small block. See example on Page 3.)

26. **Suspected Use/Abuse**

Check the appropriate box regarding whether there is a suspicion that the patient may have consumed drugs or alcohol. This information is collected for use by physicians and others managing the patient's care and is not intended for legal purposes.

27. **Physical**

This area refers to your findings on the initial patient assessment, as well as the secondary assessment. Check all boxes that apply.

28. **Flow Sheet (BLS Procedure Codes)**

The flow sheet is the portion of the report form, which is used to record the patient's vital signs, GCS and TRS scores, and what procedures the EMS personnel performed.

For each set of vital signs taken, the crewmember taking them should list the time they were taken, his or her certification number (see Crew Members, above), and the values for the various vital signs taken. If a particular item is not assessed, enter *Unk* in the box or place a dash or slash in the box, to indicate that the item was not assessed.

Any treatment provided should be coded in the Procedure boxes provided. The certificate number of the primary provider of any particular procedure should be listed in the Cert. # column for that procedure, and the time the procedure was performed should be listed (this may be estimated if time does not permit it to be immediately recorded). Also, the number of <u>successful</u> uses of each procedure <u>must</u> be recorded. (Recording the number of attempts, and the amount given for items where this can be measured, is optional.)

29. **Patient Disposition**

Check the appropriate box to record what happened to the patient – whether or not they were treated and/or transported. (i.e., Treated and Transported, Patient Refused, No Treatment Required, etc.)

30. **Mode of Transport**

Check the appropriate boxes for the type of emergency warning equipment used while transporting the patient(s) from the scene.

31. **Destination**

Provide the name of the facility the patient was transported to. If the receiving facility is a hospital the six-digit hospital license/ID code should also be included if available.

32. **Destination Determined by:**

Check the appropriate box to indicate how it was determined where the patient was to be transported.

33. **Primary Impression Code**

Use the appropriate code for the nature of the most pertinent injury or illness. The codes are provided in the Signs/Symptoms/Imp. Column. Place one digit of the code in each segment of the box. Example:

1	9

34. **Signs/Symptoms/Imp.**

Check all boxes that apply to the patient's complaint(s).

35. **Representative of Receiving Facility**

You should attempt to get the signature of a physician or nurse at the receiving facility. This will verify that you properly transferred the care of your patient to an appropriate party and that you did not simply abandon your patient.

36. **E.M.S. Care Provider**

The attendant that who was primarily responsible for the patient's treatment must sign here.

REVERSE SIDE OF PAGE ONE *

37. **Reimbursement Information** *

The space provided is for billing purposes and should be filled out as completely as possible. The level of detail needed on this page will be established by your EMS agency; be sure that you gather all information your agency policy requires.

38. **Mileage** *

It is recommended that you record the mileage readings from your odometer for each phase of the run. Round off to the nearest mile; do not report tenths of a mile. As with the Reimbursement Information section; however, the need for this information will be determined by your EMS agency's polity.

39. **Release of Medical Billing and Ins. And Notice to Medicare Patients** *

This is for the patient or guardian to sign to give your agency the right to bill their insurance company and making them responsible for any part of the bill not covered by the insurance coverage. It also authorizes you and your service to release information from the run record for billing purposes and for use in you

quality assurance program. Remember to fill in you agency's name in the blanks in the text.

40. **Release of Liability/Refusal to Consent to Treatment** *

If the patient refuses treatment or transport have them sign the release form; this will help protect you and your service from possible civil claims.

PAGE TWO OF REPORT FORM

(Include ALS flow sheet here!)

41. **Cause of Injury**

These are the possible causes of injuries to a trauma patient – check all appropriate box(es).

42. **Intent of Injury**

Check the appropriate box indicating the intent of the injury – was it accidental, intentionally self-inflicted, or intentionally inflicted by another?

43. **Safety Devices Used by Pt.**

Check the appropriate boxes for any safety devices used by the <u>patient</u>. **DO NOT list safety devices, which were not actually being used at the time the injury occurred.**

44. **Injury Matrix**

Place an "X" in each box where the row and column indicate the appropriate body area and type of injury. For example, for a patient with blunt trauma to the head and crushing injuries to the thorax, the top left corner of the matrix would look like this example.

INJURIES:	Amput	Blunt	Crush	Disloc
External				
Head		X		
Face				
Neck				
Thorax			X	

45. **Manual Defibrillation** *

List the power setting for the first, second, and third shocks (as appropriate) for manual defibrillation.

46. **Supplementary Information** *

This section may be used to record total fluids administered, total fluid output, the estimated blood loss suffered by a trauma patient and the Pediatric Trauma Score (PTS) of a pediatric trauma patient, in accordance with the policies established by your EMS agency.

47. **M.V.C.** *

Use this section to record driver and vehicle information, which may be useful establishing automobile insurance coverage as well as the patient's position in the vehicle (i.e. driver, front-right, rear-center, etc.).

48. **Narrative** *

This area is provided for comments concerning the patient's condition, medical history, additional treatment provided, or any other information you feel is necessary to properly document the condition of the patient and the level of care provided. If additional space is necessary, services may use a supplemental page of their choice.

Crewmembers beyond the first three should also be listed in the Narrative.